

For Official Use Only

1 File Number U 944-1

1 / 1 / 2004 Through 12 / 31 / 2004

Name	Richard	L	Brooks
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Name	United Nurses & Allied Professionals
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P O Box Bldg Room No if any

**P O Box Building and Room Number if any**

Street 375 Branch Avenue

Street 375 Branch Avenue

City Providence

City Providence

State	Rhode Island	ZIP Code + 4	02904
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State	Rhode Island	ZIP Code + 4	02904
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## 5 Position in labor organization

Director

**A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent**

**6 Name and address of Employer (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

**Street**

City

State  ZIP Code + 4 

7 a Nature of Interest, Transaction or Income

7 b Amount.

**Signature**

**15 Signature and verification** The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

**Signed**

On

8/12/2005

Date \_\_\_\_\_

401-831 3647

Telephone Number

Name of Person Filing Richard Brooks	File Number U
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B Held an interest in or derived income or economic benefit with more any value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name if any)</b> Name Blue Cross Blue Shield of Rhode Island Trade Name if any P O Box Bldg Room No if any Street 444 Westminster Street City Providence State Rhode Island ZIP Code + 4 02903	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>11 a Nature of such dealing</b> provider of health insurance <b>11 b Approximate dollar value of such dealing</b> <b>12 a Nature of interest held or income received</b> dinner meeting <b>12 b Amount</b> \$36

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>14 a Nature of payment.</b> <b>14 b Amount of payment.</b>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	